Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 39 April 1958

International Gains in Longevity

THE 10th anniversary of the World Health Organization, which is being celebrated in May of this year, serves to focus attention on the worldwide progress that has been made recently in lengthening the average lifetime. The latest data on longevity in 47 countries, together with the available figures for the years around 1940, are shown in the table on page 2.

The expectation of life at birth has increased appreciably throughout the world, the gains generally being largest in the countries which formerly had the least favorable record. In Puerto Rico, for example, the average length of life has increased more than 22 years in a 15-year period—from 46.0 years in 1939-41 to 68.3 years in 1955. Even more dramatic has been the experience in Ceylon, where the expectation of life at birth rose from 42.8 years in 1946 to 59.9 years in 1954, an increase of 17 years in only an 8-year period. Mexico, Brazil, and Thailand have also scored marked gains, which have amounted to about one year annually. India, however, is a notable exception to the general pattern, having increased its expectation of life at birth only about a quarter of a year annually. This is little more than the improvement in Australia and New Zealand, which have long ranked among the leading countries with respect to longevity.

Although international differences in longevity have diminished in recent years, a wide gap continues to exist between the industrialized and the less-developed countries. According to the latest data available, the expectation of life at birth varies from a low of 32.1 years in India (1941-50) to a high of 72.5 years in the Netherlands (1953-55). Other outstanding records are 72.0 years for Sweden in 1951-55 and 71.0 years for Norway in 1946-50. Close behind follow Israel, England, New Zealand, the United States (whites), and Canada, in each of which the figure now exceeds the Biblical three score and ten.

At the other extreme are a number of countries in which the average length of life is still deplorably low by our standards. In such widely separated areas as Greenland

EXPECTATION OF LIFE AT BIRTH, SELECTED COUNTRIES

Country and Period	Total Persons	Male	Female
North America			
United States			
1955	69.5	66.7	72.9
1939-41	63.6	61.6	65.9
1955			
White	70.2	67.3	73.6
Nonwhite	63.2	61.2	65.9
Canada			
1955	70.1	67.6	73.0
1940-42	64.6*	63.0	66.3
Costa Rica			
1949-51	55.7	54.6	57.1
El Salvador			
1949-51	51.2*	49.9	52.4
Greenland			
1946-51	34.9*	32.2	37.5
Guatemala			
1949-51	43.7*	43.8	43.5
1939-41	36.5*	36.0	37.1
Mexico			
1949-51	48.7	46.7	49.9
1940	38.9*	37.9	39.8
Puerto Rico			
1955	68.3	66.7	70.0
1939-41	46.0	45.1	46.9
South America			
Argentina			
1947	59.2*	56.9	61.4
Brazil (Federal District)			
1949-51	52.9	49.8	56.0
1939-41	42.5*	39.7	45.2
Chile			
1952	51.4	49.8	53.9
1939-42	41.8	40.7	43.1
Ecuador (Quito)			
1949-51	52.0*	50.4	53.7
Venezuela			
1946	47.0*	45.9	48.1
1941-42	46.7	45.8	47.6
Europe			
Austria			
1949-51	64.4*	61.9	67.0
1930-33	56.5*	54.5	58.5
Belgium			
1946-49	64.6	62.0	67.3
1928-32	57.9*	56.0	59.8
Czechoslovakia			
1949-51	63.2*	60.9	65.5
1929-32	53.6*	51.9	55.2
Denmark			
1946-50	68.9*	67.8	70.1
1936-40	64.7*	63.5	65.8
England and Wales			
1956	70.5*	67.8	73.3
1937	62.3*	60.2	64.4
Finland			
1951-55	66.6*	63.4	69.8
1931-40	57.0*	54.5	59.6
France			
1954-55	68.2	65.1	71.4
1933-38	58.7	55.9	61.6
Germany			
1952-53 (East)	67.1*	65.1	69.1
1949-51 (West)	66.5*	64.6	68.5
1932-34	61.3*	59.9	62.8
Hungary			
1955	66.7*	64.7	68.7
1941	56.6*	54.9	58.2
Ireland			
1950-52	65.8*	64.5	67.1
1940-42	60.0*	59.0	61.0
Luxembourg			
1946-48	63.7*	61.7	65.8
Netherlands			
1953-55	72.5*	71.0	73.9
1931-40	66.5*	65.7	67.2
Northern Ireland			
1950-52	67.1*	65.4	68.8
1936-38	58.5*	57.8	59.2
Norway			
1946-50	71.0*	69.3	72.7
1931-40	65.8*	64.1	67.6
Poland			
1952-53	61.4*	58.6	64.2
1931-32	49.8	48.2	51.4
Portugal			
1949-52	58.0*	55.5	60.5
1939-42	50.7*	48.6	52.8
Scotland			
1956	68.6*	66.0	71.2
1930-32	57.8*	56.0	59.5
Sweden			
1951-55	72.0*	70.5	73.4
1936-40	65.6*	64.3	66.9
Switzerland			
1948-53	68.6*	66.4	70.9
1933-37	62.7*	60.7	64.6
U.S.S.R.			
1954-55	64	61	67
1926-27‡	44.4	41.9	46.8
Yugoslavia			
1950	56.3*	54.5	58.2
Africa and Asia			
Belgian Congo			
1950-52	38.8*	37.6	40.0
Ceylon			
1954	59.9*	60.3	59.4
1946	42.8*	43.9	41.6
Cyprus			
1948-50	66.2*	63.6	68.8
India			
1941-50	32.1*	32.5	31.7
1921-31	26.7*	26.9	26.6
Israel (Jewish)			
1955	70.8*	69.4	72.1
1939-41	63.5*	62.3	64.6
Japan			
1955	66.1*	63.9	68.4
1935-36	48.3*	46.9	49.6
Philippines			
1948	51.2	48.8	53.4
1938	46.0*	44.8	47.2
Thailand			
1947-48	50.3*	48.7	51.9
1937-38†	40.0*	36.7	43.3
Union of South Africa‡			
1945-47	66.0*	63.8	68.3
1935-37	61.0*	59.0	63.1
Oceania			
Australia			
1946-48	68.4*	66.1	70.6
1932-34	65.3*	63.5	67.1
Hawaii			
1949-51	69.5*	67.8	71.3
1939-41	61.0*	59.5	62.6
New Zealand‡			
1950-52	70.4*	68.3	72.4
1934-38	67.0*	65.5	68.5

*Average of male and female. †Bangkok municipal area. ‡European population.

Source: Largely from United Nations Demographic Yearbooks and reports of various countries.

and the Belgian Congo the average is not much higher than it is in India. Some Central and South American countries also make a poor showing. Data on longevity are lacking for large areas of Asia and Africa, but it is probable that the expectation of life at birth there is generally low.

For the Soviet Union the average length of life is reported as 64 years for 1954-55, or the same as that in the United States a decade and a half earlier. Czechoslovakia shows a similar experience. East Germany and Hungary have an appreciably better record than the Soviet Union but Poland's is not as good. The expectation of life at birth in Yugoslavia was only 56.3 years in 1950.

Females enjoy a longer life than males in practically every country. Their advantage ranges from less than two and a half years in Venezuela, Denmark, and the Belgian Congo to more than six years in the United States, Brazil, Finland, and France. However, in Guatemala, Ceylon, and India a newborn baby girl may expect to live a fraction of a year less than a baby boy. Almost everywhere, the expectation of life at birth has increased more rapidly for females than for males, thereby widening the sex difference.

Great strides have recently been made throughout the world in raising standards of nutrition, improving sanitary conditions, and developing better methods of controlling disease. The introduction of penicillin and other antibiotics, the widespread use of vaccines, better diagnosis and treatment of illness, additional hospital facilities, better child and maternal care, advances in surgery, and the spraying of large areas with insecticides have all contributed to lengthening the average lifetime. So favorable an environment has been created in the English-speaking countries and in Western Europe, that the babies born there now have excellent prospects of celebrating a 70th birthday. It appears likely that within a few decades an increasing number of underdeveloped areas will approximate, if not match, this achievement. The World Health Organization, which has many accomplishments to its credit during its first 10 years, will undoubtedly play an important part in the attainment of this goal.

Death Claim Payments Exceed $480,000,000 in 1957

DURING 1957 the Metropolitan Life Insurance Company paid out about $480,721,000 in death claims on Ordinary, Industrial, and Group Life insurance policies. This total exceeded by $51,759,000 the amount disbursed the year before and was 2¾ times the payments in 1937. The rise in death claim disbursements last year was due in part to the epidemic of respiratory disease, but in the main it reflected

AMOUNTS DISBURSED ON ACCOUNT OF DEATHS FROM SELECTED CAUSES

Entire Experience of the Metropolitan Life Insurance Company, All Ages
1957, 1956, and 1937 Compared

Cause of Death	Amounts Disbursed* (in Thousands)			Percent of Total		
	1957	1956	1937†	1957	1956	1937†
All Causes—Total	$480,721	$428,962	$173,190	100.0	100.0	100.0
Natural causes of death						
Diseases of the cardiovascular-renal system	269,887	244,638	70,346	56.1	57.0	40.6
Vascular lesions, central nervous system	36,915	33,532	10,995	7.7	7.8	6.3
Diseases of heart	216,017	194,826	47,915	44.9	45.5	27.7
Chronic rheumatic heart disease	7,440	6,246	‡	1.5	1.5	‡
Arteriosclerotic and degenerative heart disease	188,662	170,527	‡	39.2	39.8	‡
Diseases of coronary arteries	133,281	120,624	17,095	27.7	28.1	9.9
Hypertension with heart disease	13,774	12,959	‡	2.9	3.0	‡
Other diseases of heart	6,141	5,094	‡	1.3	1.2	‡
Hypertension without mention of heart disease	2,717	2,695	93	.6	.6	.1
General arteriosclerosis	3,097	3,502	1,396	.6	.8	.8
Other diseases of circulatory system	6,606	6,075	‡	1.4	1.4	‡
Nephritis and nephrosis	4,535	4,008	9,947	.9	.9	5.7
Malignant neoplasms	95,148	84,317	21,016	19.8	19.7	12.1
Pneumonia and influenza	9,197	6,226	14,175	2.0	1.5	8.2
Cirrhosis of the liver	7,793	6,421	2,095	1.6	1.5	1.2
Diabetes mellitus	6,551	6,563	4,500	1.4	1.5	2.6
Ulcers of the stomach and duodenum	3,855	3,584	1,844	.8	.8	1.1
Tuberculosis—all forms	2,727	2,639	8,726	.6	.6	5.0
Hernia and intestinal obstruction	1,970	1,701	‡	.4	.4	‡
Gastritis, duodenitis, enteritis, etc.	1,506	942	360	.3	.2	.2
Diseases of the gallbladder and biliary ducts	1,385	1,508	‡	.3	.4	‡
Syphilis	1,063	860	2,081	.2	.2	1.2
Appendicitis	614	671	3,349	.1	.2	1.9
Complications of pregnancy, childbirth	251	258	894	.1	.1	.5
Cerebrospinal meningitis	75	53	237	¶	¶	.1
Acute poliomyelitis	52	215	104	¶	.1	.1
Communicable diseases of childhood	21	32	280	¶	¶	.2
External causes						
Suicide	8,285	7,466	4,060	1.7	1.7	2.3
Homicide	2,098	1,760	1,351	.4	.4	.8
Accidents—total	39,611	34,329	17,897	8.2	8.0	10.3
Motor vehicle accidents	20,236	17,517	8,327	4.2	4.1	4.8

*Includes additional accidental death benefits.

†Not strictly comparable with 1957 and 1956 due to changes in procedures of classifying causes of death.

‡Not available.

¶Less than 0.05 percent.

Note: Amounts for each year are on an incurred basis.

the growth in number of policyholders and the larger amounts of Life insurance owned by them.

The cardiovascular-renal diseases accounted for death claim disbursements of nearly $270,000,000 in 1957. As is evident from the table on page 4, this sum was 56.1 percent of the total and exceeded by $59,000,000 the amount paid on deaths for all other causes combined. Twenty years ago 40.6 percent of the payments were for the cardiovascular-renal disorders. The diseases of the coronary arteries alone were responsible for death claims totaling more than $133,000,000 last year, which was about 28 percent of all payments made to beneficiaries.

Disbursements for deaths due to cancer (malignant neoplasms) exceeded $95,000,000, which was close to 20 percent of the total, compared with 12.1 percent in 1937. Cancer and the cardiovascular-renal diseases thus accounted for three fourths of all claim payments last year. The proportion of disbursements for the degenerative conditions has been increasing largely because of the sharp reduction in mortality from the infectious diseases and the rise in proportion of policyholders at the older ages.

While claim payments for all causes combined increased 12 percent between 1956 and 1957, the amount paid out on account of deaths from pneumonia and influenza rose almost 50 percent—from $6,226,000 to $9,197,000. As a result of the epidemic of Asian influenza and other respiratory diseases last autumn, the proportion of death claim payments for pneumonia and influenza rose to 2.0 percent of the total in 1957, from 1.5 percent the year before. Twenty years ago, however, the Company paid $14,175,000 on account of deaths from these diseases, which was 8.2 percent of the total claim disbursements.

The extraordinary reduction in mortality from various infectious diseases is clearly reflected in the Company's death claim payments. Disbursements on account of tuberculosis dropped from $8,726,000 in 1937 to $2,727,000 in 1957; the proportion that these sums were of the total decreased from 5.0 to 0.6 percent. The principal communicable diseases of childhood—measles, scarlet fever, whooping cough, and diphtheria—have been reduced to the vanishing point as causes of death. Last year the Metropolitan paid only $21,000 in claims on these four diseases; 20 years ago the amount paid was at least 13 times as high. Large decreases in death claim payments have also been recorded since 1937 for a number of other causes, including appendicitis, the complications of pregnancy and childbirth, and cerebrospinal meningitis.

Death claim payments for poliomyelitis have decreased dramatically in the past five years, as the accompanying chart shows. Last

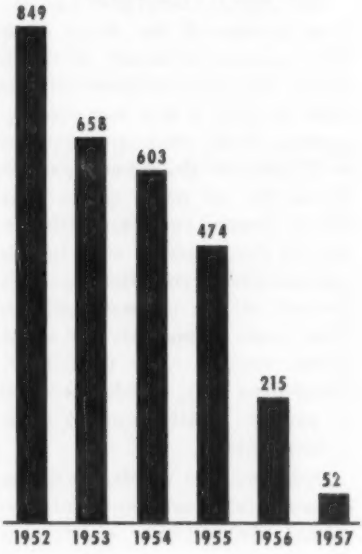
year the Company disbursed only $52,000 on account of deaths from the disease; this compared with $215,000 the year before and with payments of $849,000 in 1952. Much of the sharp decrease last year can undoubtedly be attributed to the wide use of the Salk vaccine.

The external causes of death were responsible for claim payments totaling $50,000,000 in 1957, or for a little over 10 percent of the total. Fatal accidents alone accounted for disbursements of nearly $40,000,000, somewhat over half of which was for deaths in motor vehicle accidents. For suicide, claim payments came to $8,285,000, and for homicide, $2,098,000.

Last year the Metropolitan paid somewhat over $7,000,000 in death claims on Ordinary and Industrial policies owned less than one year. Nearly one third of this amount was paid on policies in force less than three months.

The bulk of claim payments last year was on policyholders who died during the main working ages. About $317,898,000, or two thirds of the total, was paid on policyholders who died between the ages of 25 and 64 years. Somewhat over $11,526,000 of the payments was for deaths that occurred before age 25, and about $151,296,000 for deaths at ages 65 and over.

DEATH CLAIM PAYMENTS FOR POLIOMYELITIS, 1952-1957
Metropolitan Life Insurance Company
THOUSANDS OF DOLLARS



Prematurity and Perinatal Mortality

PREMATURITY is a major factor in stillbirths and in deaths among babies during early infancy. More than half of the 138,000 deaths a year in the United States, which occur in the perinatal period—commonly defined as extending from the 20th week of pregnancy through the first week after birth—are among prematures, i.e., those weighing 2,500 grams (5½ pounds) or less at birth. The mortality among prematures in the perinatal period is

nearly 20 times that among mature babies—those weighing more than 2,500 grams at birth. The lower the birth weight of prematures the more unfavorable is their mortality.

It is often difficult, if not impossible, to determine the cause of death of premature babies or to determine the primary cause where more than one is involved. A comprehensive study in a Baltimore hospital of 253 stillborn babies weighing 1,000-2,499 grams showed that, even after autopsy, the cause of death could not be determined in nearly half the cases. Anoxia (oxygen deficiency), due principally to premature detachment of the placenta, was the most common of the known causes of death and accounted for over a third of all the stillbirths in the study; congenital malformations were responsible for an additional 10 percent of the total, and infections for 3 percent. A study in Syracuse, N. Y., for the years 1949-51 showed that nearly half the stillbirths of prematures (501-2,500 grams) were ascribed to placental and cord conditions, one tenth to congenital conditions, about one sixth to maternal disease or accident, but in another one sixth of the cases the cause was not determined. Similar findings were reported in a study of perinatal mortality in New York City.

The cause of death is also often undetermined among liveborn premature babies who die in the neonatal period (within 28 days after birth). In the Baltimore hospital experience, the cause could not be determined in one fourth of such deaths; even in cases where autopsy was performed the proportion was one sixth. Data on a nationwide basis obtained from death certificates show a much higher proportion of neonatal deaths among premature babies to be of unknown of ill-defined causes than do intensive clinical studies. As the table on page 8 indicates, such deaths account for more than half the total. Asphyxia and other respiratory conditions outrank all the other known causes, accounting for one fifth of the neonatal deaths among prematures. Birth injuries and congenital malformations are next in order with 13 percent and 7 percent of the total, respectively.

In the country as a whole, the mortality rate for each cause is many times as great among premature as among mature babies. For asphyxia the ratio is nearly 30 to 1, for birth injuries it is 14 to 1, and for congenital malformations 6⅓ to 1. The neonatal death rate due to maternal complications is 35 times as high for premature as for mature infants.

Recent statistical studies indicate that the incidence of premature birth is higher than average for very young multipara, women having their first child past age 40, women with complications of pregnancy or labor, those with a

CAUSES OF NEONATAL MORTALITY* AMONG PREMATURE AND MATURE INFANTS
United States, January 1—March 31, 1950

Cause of Death	Rate per 1,000 Live Births in Each Birth Weight Class	
	Premature (2,500 grams or less)	Mature (2,501 grams or more)
All Causes	173.7	7.8
Postnatal asphyxia and atelectasis	33.6	1.2
Birth injuries	23.3	1.7
Congenital malformations	11.4	1.8
Pneumonia	4.5	0.6
Disorders arising from maternal toxemia	3.5	0.1
Hemolytic disease of newborn (erythroblastosis)	3.1	0.5
All other and ill-defined causes†	94.3	1.9

*Deaths during the first 28 days of life. Nationwide data on causes of death among liveborn premature infants are not available separately for the first week of life. However, nine tenths of neonatal deaths are concentrated in the first week.

†Includes immaturity unqualified.

Source: National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 45, No. 10, April 30, 1957, p. 204.

history of previous fetal loss, and those having a multiple pregnancy. Lack of prenatal care, poor nutrition, and unfavorable socioeconomic conditions are also associated with a relatively high rate of prematurity.

The problem of reducing prematurity and its resulting high fetal and infant loss is very complex. There is great need for more intensive research on the factors involved in the causation and onset of premature labor. But even in the present state of knowledge significant gains can be made by better medical management during pregnancy, particularly for women most likely to experience premature labor. Much can be accomplished by bringing expectant mothers under prenatal care early in pregnancy and by improving their dietary habits. To attain these objectives communities will need to strengthen their prenatal care programs and make available more adequate facilities for such care.

Note: Among the sources used were the following: Nesbitt, R. E. L., Jr., *Perinatal Loss in Modern Obstetrics*, F. A. Davis Co., Philadelphia, 1957; Report on Conference on Perinatal Mortality, *Bulletin of the New York Academy of Medicine*, May 1958, p. 311; Schoeneck, F. J., "Obstetrical Versus Pediatric Responsibility in Prematurity," *American Journal of Obstetrics and Gynecology*, Vol. 64, July 1952, p. 126; Kohl, S. G., *Perinatal Mortality in New York City*, Harvard University Press, Cambridge, Mass., 1955; "Evaluation of Obstetric and Related Data Recorded on Vital Records and Hospital Records: District of Columbia, 1952," National Office of Vital Statistics, *Vital Statistics-Special Reports*, Vol. 45, No. 13, November 20, 1957.

Fatal Farm Accidents

ACCIDENTS take approximately 13,000 lives a year among farm residents in the United States. The death rate from this cause in 1956 was 57.5 per 100,000 farm population, or practically the same as that for the population of the country as a whole. Some progress has been made recently in reducing the toll among farm residents; their accident death rate decreased about 8 percent since 1950, when it was 62.4 per 100,000. At the same time, the number fatally injured dropped from 15,500 to 12,800, according to estimates by the National Safety Council, but a considerable part of this decrease reflects the downward trend in farm population from about 25 million to 22¼ million.

Special interest centers in accidents which occur on farmlands under cultivation and around farm service buildings. Information on this phase of the farm accident problem is shown in the table on page 10; these figures do not include fatal injuries in farm homes or motor vehicle and other types of accidents which occur off the farm. On-the-farm accidents account for about one fifth of all fatal injuries sustained by farm residents. The large majority of victims are males, mainly because they carry on the heavier and more hazardous farm operations. Also, males participate to a much greater extent than females in hazardous sports on the farm grounds, and generally have a greater readiness to expose themselves to danger.

Accidents involving machinery account for more than a third of all fatal injuries on the farm, indicating the extent to which agriculture is mechanized. Tractors take more lives than any other type of farm machinery, according to studies made in Kansas, South Dakota, Minnesota, and other agricultural States. Overturning is the greatest hazard in the use of tractors, but a considerable number of fatalities are also associated with climbing on or off tractors or attachments, starting tractors, and hitching attachments. Particularly vulnerable are drivers who are not old enough or big enough to handle a tractor or to cope with emergencies. Adding to the death toll are young children who are permitted to ride on tractors, which are not designed to carry extra passengers.

Drowning, second in rank as a cause of fatal injury on farms, accounted for one seventh of the accidental deaths sustained there during 1953-55. Most of the victims were children the toll being particularly large under age 5. The many brooks, dams, wells, troughs, and waterfilled farm utensils increase the chances of drowning for young farm children. Fire-

DEATHS FROM NONTRANSPORT ACCIDENTS ON THE FARM,* BY TYPE

United States, 1953-55

Type of Accident	Average Annual Number of Deaths		Percent of Total, Both Sexes	Percent Male Deaths of Total
	Both Sexes	Males		
Nontransport—Total	2,554	2,313	100	91
Machinery	869	819	34	94
Drowning	367	304	14	83
Firearms	308	297	12	96
Falls	240	211	9	88
One level to another	157	145	6	92
Blow from falling objects	142	137	6	96
Accidents caused by animals	128	113	5	88
Fires and explosions	128	106	5	83
Electric current	86	81	3	94
Lightning	62	58	2	94
All others	224	187	10	83

*Includes land under cultivation and service buildings, but excludes farm homes.
Source of basic data: Reports of the National Office of Vital Statistics.

arm accidents, reflecting the wide ownership of guns in farm areas, took almost as many lives as drowning. The three leading causes together thus accounted for 60 percent of all on-the-farm accident fatalities.

Of lesser numerical importance were fatal accidents caused by falls, blows from falling objects, injuries by animals, fires and explosions, electric current, and lightning. The details relating to these causes are shown in the table.

Farmers are subject to a wide variety of hazards, many of which can be mitigated by greater attention to safe practices. Life and limb are endangered by the removal of safety devices from machinery, the use of makeshift apparatus, the improper storage of flammable liquids and gases, and the careless use of pesticides and other agricultural chemicals. In an effort to reduce the heavy toll of injury and death, President Eisenhower this year has proclaimed the week beginning July 20 as National Farm Safety Week. All farm families are asked to "prevent needless accidents in the home, in the fields, and on the highways."

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
March 1958

Cause of Death	Annual Rate per 100,000 Policyholders*				
	March		Year to Date		
	1958†	1957	1958†	1957	1956
All Causes	794.7	721.5	746.2	689.9	679.3
Tuberculosis (all forms)	8.1	7.7	8.0	7.5	7.8
Communicable diseases of childhood	.1	.4	.2	.3	.4
Acute poliomyelitis	—	.1	—	‡	.2
Malignant neoplasms	149.9	148.2	142.9	141.1	131.3
Digestive system	48.2	51.7	45.7	48.9	44.1
Respiratory system	20.5	20.9	19.5	19.6	18.0
Diabetes mellitus	19.5	16.3	17.7	15.0	17.0
Diseases of the cardiovascular-renal system	428.4	391.9	403.2	375.4	366.2
Vascular lesions, central nervous system	78.6	76.4	74.8	71.5	71.6
Diseases of heart	318.8	285.3	299.4	275.3	268.0
Chronic rheumatic heart disease	14.3	13.4	13.0	12.6	12.6
Arteriosclerotic and degenerative heart disease	249.7	219.2	236.0	212.5	210.1
Diseases of coronary arteries	138.1	122.7	131.9	120.6	119.7
Hypertension with heart disease	40.5	41.4	37.7	38.9	36.5
Other diseases of heart	14.2	11.2	12.7	11.4	8.8
Nephritis and nephrosis	9.3	9.4	8.7	9.2	8.2
Pneumonia and influenza	40.0	19.4	32.6	18.9	20.8
Complications of pregnancy, childbirth	.9	1.1	.9	1.0	.9
Suicide	5.8	6.3	5.9	5.9	5.4
Homicide	2.6	2.8	3.0	2.8	2.0
Accidents—total	33.5	33.4	33.1	33.7	37.3
Motor vehicle	12.7	14.4	14.4	14.1	16.1
All other causes	105.9	93.9	98.7	88.3	90.0

*These death rates relate to persons insured under industrial premium-paying policies, persons with Ordinary Monthly Premium Policies for Less Than $1,000, and persons with Debit Book Ordinary policies for $2,000 or less.
†Provisional. ‡Less than 0.05.

Correspondence relating to the BULLETIN may be addressed to:

The Editor
STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

Please notify us promptly of any change of mailing address.

MORTALITY FROM ALL CAUSES

INDUSTRIAL POLICYHOLDERS · METROPOLITAN LIFE INSURANCE COMPANY

	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1957	6.8	6.7	7.2	6.5	6.3	6.3	6.3	6.1	6.0	6.4	7.3	7.0	
1958	7.1	7.3	7.9										

P.F.M.—Printed in U.S.A.—48088—(4-58)

STATISTICAL BULLETIN
1 Madison Avenue, New York 10, N. Y.
Return Postage Guaranteed

Bulk Rate
U. S. POSTAGE
Paid
Long Island City, N. Y.
Permit No. 7

Mr. Eugene B. Power
University Microfilms
313 N. First Street
Ann Arbor, Michigan

S13